Συνδυασμός φαρμάκων σε ασθενείς με οριακή νεφρική ανεπάρκεια

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## Stages and Prevalence of CKD

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>GFR (mL/min/1.73 m²)</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kidney damage with normal or ↑ GFR</td>
<td>≥90</td>
<td>5,900 3.3</td>
</tr>
<tr>
<td>2</td>
<td>Kidney damage with mild ↓ GFR</td>
<td>60–89</td>
<td>5,300 3.0</td>
</tr>
<tr>
<td>3</td>
<td>Moderate ↓ GFR</td>
<td>30–59</td>
<td>7,600 4.3</td>
</tr>
<tr>
<td>4</td>
<td>Severe ↓ GFR</td>
<td>15–29</td>
<td>400 0.2</td>
</tr>
<tr>
<td>5</td>
<td>Kidney failure</td>
<td>&lt;15 or dialysis</td>
<td>300 0.1</td>
</tr>
</tbody>
</table>

*Data for Stages 1–4 from NHANES III (1988–1994). Population of 177 million with age ≥20 years. Data for Stage 5 from USRDS (1998) includes approximately 230,000 patients treated by dialysis, and assumes 70,000 additional patients not on dialysis. Percentages total >100% because NHANES III may not have included patients on dialysis. GFR estimated from serum creatinine using MDRD Study equation based on age, gender, race and calibration for serum creatinine.

*a For Stages 1 and 2, kidney damage was assessed by spot albumin-to-creatinine ratio >17 mg/g (men) or >25 mg/g (women) on two measurements. Reproduced with permission."
Fig 20. Albuminuria as a risk factor for CVD in individuals without diabetes. The adjusted effect of urinary albumin concentration (UAC) on hazard function in the Prevention of Renal and Vascular End Stage Disease (PREVEND) Study. The solid line shows the estimated relationship when logarithmic hazard is modeled as a linear function of log[UAC]. The dotted lines are 95% confidence limits for a more general functional relationship, as estimated by P-splines. The hatched area represents UAC of 20 to 200 mg/L, respectively, corresponding approximately to the definition of microalbuminuria. The graphs show that as UAC increases, the hazard ratios for both cardiovascular and noncardiovascular death increases. This increase begins in individuals with UAC in the microalbuminuria range. Reproduced with permission.
Decreased GFR as a risk factor for CVD. Five-year probability of CVD events according to baseline estimated GFR, as observed in 45- to 64-year-old individuals enrolled in the Atherosclerosis Risk in Communities (ARIC) Study. Hatch marks on the horizontal axis indicate the number of individuals with events at corresponding level of GFR. The large increase in risk for individuals with baseline GFR < 60 mL/min/1.73 m² is apparent. The increased risk is attenuated after adjustment for other known risk factors, but remains statistically significant. Reproduced with permission.⁹
Stages of CKD and CVD

- Kidney Failure
  - \( \downarrow \) GFR
  - Kidney Damage
  - Elderly, DM, HBP

- CKD

- "At Risk"

- Initiation

- Progression

- End-Stage

- CHF
  - ASCVD events
  - ASCVD LVH
  - Elderly, DM, HBP

- CVD

Schematic diagram of population with CKD and CVD. Reproduced with permission.\(^\text{25}\)